



Jackson County Health Department  
200 E. Main Street  
Jackson, Ohio 45640  
Phone 740-286-5094 • Fax 740-286-8809

## Household Sewage Treatment System Evaluation Form

Address of Property \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Township \_\_\_\_\_ ☐ Occupied ☐ Vacant - How Long \_\_\_\_\_

Original Owner \_\_\_\_\_ Date Septic System Installed \_\_\_\_\_

Type of Sewage Treatment System ☐ Septic Tank ☐ Aerator ☐ Other \_\_\_\_\_

Are you aware of any current or previous problems with the sewage treatment system?

☐ Yes ☐ No If yes, please describe \_\_\_\_\_

Type of Water Supply ☐ Public ☐ Private - Please describe (drilled well, spring, etc.) \_\_\_\_\_

Contact for Appointment/Access ☐ Owner ☐ Occupant ☐ Real Estate Agent

☐ Other Name and Phone # \_\_\_\_\_

**I understand that the inspection report provided as a result of this request reflects the condition of the system at the time of inspection. No representation is made as to the future functioning of the system.**

***Please have the lid on the septic tank uncovered so that we may provide an accurate evaluation.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Send Report To \_\_\_\_\_ ☐ Please Fax To \_\_\_\_\_

Address \_\_\_\_\_

☐ Please Email To \_\_\_\_\_

**\$150 Inspection Fee Required**